

**Early Detection Works (EDW)**  
**Kansas Breast and Cervical Screening Program**  
**Subcontractor Reimbursement Information**  
**Attachment B**

Subcontractor Name \_\_\_\_\_  
 Remit to Address, City, State, Zip \_\_\_\_\_  
 County \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Federal Employer ID No. \_\_\_\_\_  
 Acting as a subcontractor for \_\_\_\_\_

Although EDW will reimburse according to the Reimbursement Fee Schedule (Attachment C), for CDC reporting purposes we must know **the subcontractor's customary charge** for each of the following. If you will not provide that service for the above provider please indicate "n/a" in the appropriate blanks.

**Office Visits**

99201..... New patient visit – 10 minutes face-to face .....	\$_____
99202..... New patient visit – 20 minutes face-to-face .....	\$_____
99203..... New patient visit – 30 minutes face-to-face .....	\$_____
99211..... Established patient visit – 5 minutes face-to-face .....	\$_____
99212..... Established patient visit – 10 minutes face-to-face .....	\$_____
99213..... Established patient visit – 15 minutes face-to-face .....	\$_____
99214..... Established patient visit – 25 minutes face-to-face .....	\$_____
99241..... Consultation – 15 minutes face-to-face .....	\$_____
99242..... Consultation – 30 minutes face-to-face .....	\$_____
99243..... Consultation – 40 minutes face-to-face .....	\$_____

**Breast**

76092..... Screening mammogram .....	\$_____
76092TC..... Technical component .....	\$_____
76092PC..... Professional component .....	\$_____
76090..... Diagnostic unilateral mammogram .....	\$_____
76090TC..... Technical component .....	\$_____
76090PC..... Professional component .....	\$_____
76091..... Diagnostic bilateral mammogram .....	\$_____
76091TC..... Technical component .....	\$_____
76091PC..... Professional component .....	\$_____
76645..... Diagnostic ultrasound .....	\$_____
76645TC..... Technical component .....	\$_____
76645PC..... Professional component .....	\$_____

**Fine Needle Aspiration**

10021..... Fine needle aspiration without imaging guidance .....	\$_____
10022..... Fine needle aspiration with imaging guidance .....	\$_____
88172..... Cytopathology, evaluation of fine needle aspirate .....	\$_____
88172TC..... Technical component .....	\$_____
88172PC..... Professional component .....	\$_____
88173..... Interpretation of fine needle aspiration .....	\$_____
88173TC..... Technical component .....	\$_____
88173PC..... Professional component .....	\$_____

**Excisional Biopsy**

19100..... Needle core biopsy, not using imaging guidance .....	\$_____
19100FF..... Facility fee .....	\$_____
19101..... Open, incisional biopsy .....	\$_____
19101FF..... Facility fee .....	\$_____
19102..... Percutaneous, needle core, using imaging guidance .....	\$_____
19102FF..... Facility fee .....	\$_____
19103..... Percutaneous, needle core, auto vacuum-assisted or rotating biopsy device .....	\$_____
19103FF..... Facility fee .....	\$_____
19120..... Excision of cyst .....	\$_____

19120FF ..... Facility fee ..... \$ \_\_\_\_\_

***Excisional Biopsy, cont.***

19125..... Excision of breast lesion, identified by pre-op marker, single..... \$ \_\_\_\_\_

19125FF ..... Facility fee ..... \$ \_\_\_\_\_

19126..... Excision of breast lesion, each add'l. lesion separately identified by marker ..... \$ \_\_\_\_\_

19290..... Preoperative placement of needle localization wire ..... \$ \_\_\_\_\_

19291..... Preoperative placement of needle localization wire, each add'l. lesion..... \$ \_\_\_\_\_

19295..... Image guided placement, metallic localization clip..... \$ \_\_\_\_\_

***Incisional Biopsy***

19000..... Puncture aspiration of cyst of breast ..... \$ \_\_\_\_\_

19001..... Puncture aspiration of cyst of breast, each add'l. cyst ..... \$ \_\_\_\_\_

***Radiology***

76095..... Stereotactic localization guidance for breast bx/needle placement..... \$ \_\_\_\_\_

76095TC.... Technical component ..... \$ \_\_\_\_\_

76095PC.... Professional component..... \$ \_\_\_\_\_

76096..... Preoperative placement of needle localization wire (radiological)..... \$ \_\_\_\_\_

76096TC.... Technical component ..... \$ \_\_\_\_\_

76096PC.... Professional component..... \$ \_\_\_\_\_

76098..... Radiological examination, surgical specimen..... \$ \_\_\_\_\_

76098TC.... Technical component ..... \$ \_\_\_\_\_

76098PC.... Professional component..... \$ \_\_\_\_\_

76942..... Ultrasonic guidance for needle placement ..... \$ \_\_\_\_\_

76942TC.... Technical component ..... \$ \_\_\_\_\_

76942PC.... Professional component..... \$ \_\_\_\_\_

***Lab and Pathology***

88305..... Breast biopsy interpretation ..... \$ \_\_\_\_\_

88305TC.... Technical component ..... \$ \_\_\_\_\_

88305PC.... Professional component..... \$ \_\_\_\_\_

88307..... Surgical pathology, gross & microscopic exam requiring eval of surg. margins..... \$ \_\_\_\_\_

88307TC.... Technical component ..... \$ \_\_\_\_\_

88307PC.... Professional component..... \$ \_\_\_\_\_

88331 .....First tissue block, with frozen section(s), single specimen ..... \$ \_\_\_\_\_

88331TC.... Technical component ..... \$ \_\_\_\_\_

88331PC.... Professional component..... \$ \_\_\_\_\_

88332..... Surgical pathology, gross & micro exam requiring micro eval of surg. margins..... \$ \_\_\_\_\_

88332TC.... Technical component ..... \$ \_\_\_\_\_

88332PC.... Professional component..... \$ \_\_\_\_\_

***Cervical***

88164..... Pap Smear..... \$ \_\_\_\_\_

88141..... Cytopathology, cervical or vaginal, interpretation by physician ..... \$ \_\_\_\_\_

87621..... Lab, HPV, amplified probe technique ..... \$ \_\_\_\_\_

57452..... Colposcopy without biopsy ..... \$ \_\_\_\_\_

57454..... Colposcopy with biopsy & endocervical curettage ..... \$ \_\_\_\_\_

57455..... Colposcopy with biopsy ..... \$ \_\_\_\_\_

57456..... Colposcopy with biopsy with endocervical curettage ..... \$ \_\_\_\_\_

57460..... Colposcopy of the cervix w/loop electrode biopsy(s) of the cervix ..... \$ \_\_\_\_\_

57461..... Colposcopy of the cervix w/loop electrode conization of the cervix..... \$ \_\_\_\_\_

57500..... Biopsy, single or multiple or local excision of lesion with or without fulguration ..... \$ \_\_\_\_\_

57505..... Endocervical curettage (not done as part of a dilation and curettage) ..... \$ \_\_\_\_\_

57520..... Conization of cervix ..... \$ \_\_\_\_\_

57520FF ... Facility fee ..... \$ \_\_\_\_\_

57522..... Loop electrode excision ..... \$ \_\_\_\_\_

57522FF ... Facility fee ..... \$ \_\_\_\_\_

58100..... Endometrial sampling with or w/o endocervical sampling, w/o cervical dilation..... \$ \_\_\_\_\_

88305..... Cervical biopsy interpretation ..... \$ \_\_\_\_\_

88305TC.... Technical component ..... \$ \_\_\_\_\_

88305PC.... Professional component..... \$ \_\_\_\_\_

***Anesthesia***

ANESTH... General anesthesia ..... \$ \_\_\_\_\_